

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1	2					52						
3		2					53						
4		2					54						
5		2					55						
6	2	1					56						
7		2					57						
8		2					58						
9		2					59						
10		2					60						
11		2					61						
12		2					62						
13	1						63						
14		1					64						
15		1					65						
16		1					66						
17		1					67						
18		1					68						
19		1					69						
20		3					70						
21	1						71						
22		1					72						
23	1						73						
24	1						74						
25		0					75						
26		0					76						
27		0					77						
28		0					78						
29		0					79						
30		0					80						
31		0					81						
32		0					82						
33	1						83						
34		0					84						
35		0					85						
36		0					86						
37		0					87						
38	1						88						
39		0					89						
40	1						90						
41	1						91						
42		0					92						
43		0					93						
44		0					94						
45	1						95						
46		1					96						
47	1						97						
48	1						98						
49	1						99						
50		0					100						
TOTAL IND.	14						TOTAL IND.						
TOTAL DEP.	47						TOTAL DEP.						
TOTAL CLAIMS	61						TOTAL CLAIMS						